



# U. S. Senator Deb Fischer

## Constituent Service Request Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone No. (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax No.: \_\_\_\_\_ email: \_\_\_\_\_

Please include the following information only if it pertains to you:

SSN: \_\_\_\_\_ Veterans Claim No: \_\_\_\_\_

Civil Service No: \_\_\_\_\_ Medicare Claim No: \_\_\_\_\_

Immigration A# or Receipt #: \_\_\_\_\_

Please state your request for assistance: \_\_\_\_\_

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### DISCLOSURE AUTHORIZATION

*The Privacy Act of 1974 prohibits the government and private entities under contract to administer government programs from revealing information from the personal files of individuals without the express permission of the person involved. Disclosure of personal records to a United States Senator who is acting on behalf of a constituent is prohibited unless the individual to whom the record pertains consents. I, the undersigned, hereby authorize Senator Deb Fischer and her staff to receive information pertinent to my request for assistance indicated above.*

NAME (please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



# U. S. Senator Deb Fischer

## **Third Party Proxy Designation (Optional)**

***If you would like Senator Fischer's office to be able to communicate your case details with a family member, designated representative, or attorney, please provide the third party's contact information below:***

**Name:** \_\_\_\_\_ **Relationship to Individual:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Fax No.:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Indicate if you have Power of Attorney (POA) for this individual:** Yes ☐ No ☐

**- If possible, please include a copy of the POA.**

***To encourage better coordination between government offices, have any other agencies or elected officials been contacted about this issue? If so, which office(s) and when?*** \_\_\_\_\_

***Please provide any additional information relevant to your request, and attach copies of any pertinent documents:*** \_\_\_\_\_

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***Please return this completed form to:***

**U.S. Senator Deb Fischer**

**11819 Miracle Hills Dr., Suite 205 • Omaha, NE 68154**

**Telephone: (402) 391-3411 • Fax: (402) 391-4725**

**-OR-**

**440 N. 8<sup>th</sup> St., Suite 120 • Lincoln, NE 68508**

**Telephone: (402) 441-4600 • Fax: (402) 476-8753**